STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	291500	A. BUILDING _____ B. WING _____	05/13/2011

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NATHAN ADELSON HOSPICE	4141 S SWENSON LAS VEGAS, NV 89119

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L 000	INITIAL COMMENTS This Statement of Deficiencies was generated as the result of an annual Medicare recertification survey conducted at your facility between 5/10/11 through 5/13/11. The survey was conducted under 42 CFR Part 418 Hospice Condition of Participation. (Effective 10-10-10). The census was four hundred and three. (403) Twenty (20) clinical records were reviewed and five (5) visits were conducted. The hospice had two inpatient locations: 4141 S. Swenson Las Vegas, Nevada 89119 and 3391 N. Buffalo Rd. Las Vegas, Nevada 89129 The hospice also included two programs of hospice located at 1201 Nevada State Dr. Henderson, Nevada 89015 and 1401 South Highway 160 Suite B Pahrump, Nevada. All locations were certified under one provider number. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, action, or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified.	L 000		
L 546	418.56(c)(1) CONTENT OF PLAN OF CARE	L 546		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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L 546	Continued From page 1 [The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (1) Interventions to manage pain and symptoms. This STANDARD is not met as evidenced by: Based on interview, clinical record and document review, it was determined the plan of care failed to include specific criteria for management of comfort and symptom relief in four (4) of twenty (20) records reviewed (Patients #12; #14; #17; #20) Findings include: The facility's policy, "Verbal and written Orders-General" (effective 1/27/11) contained the following documentation: "...Range Orders-orders in which dose or dosing interval varies over a prescribed range, depending on the situation or patient's status, must have specific dose amounts for each level of symptom severity. For example: Roxanol 5 Milligrams (mg) for mild pain every two hours prn (take as needed) Roxanol 10mg for moderate pain every two hours prn Roxanol 15mg for severe pain every two hours prn In the inpatient unit (IPU), the licensed nurse shall implement practitioner orders that have ranges in the dosing be using the hospice titration protocol.	L 546		

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L 546	Continued From page 2	L 546		

If the nurse suspects the patient is being over or under medicated following this protocol, the prescriber will be contacted to reassess the patient's medication needs. A different medication and/or dosing regimen may be necessary..."

Patient #12

Patient #12 was a 33 year old male admitted to the IPU on 5/10/11, with diagnoses to include non-small cell sarcoma of connective tissue secondary to malignancy of the liver, septicemia, anemia and nausea and vomiting.

The Physician Admission Orders for Patient #12 dated 5/10/2011, contained an order for CADD (trademark name) Pump:IV (intravenous) or sq (subcutaneous)
"Hydromorphone 0.5 mg milligrams (mg)/hr (hour) bolus 1 mg every 10 minutes prn."
The clinical record for Patient # 12 failed to indicate the criteria that would require the medication to be administered by bolus or subq (subcutaneous)every 10 minutes.

Patient #14

Patient #14 was a 64 year old admitted to the IPU on 5/10/11, with diagnoses to include cancer of the pancreas, rheumatoid arthritis and pneumonia.

The Team Care Plan for Patient #14 dated 5/12/11, documented, " Haloperidol Lactate (unspecified parenteral rt (route) Solution 5MG/ML 1-3 mg every 3 hrs PRN IV/Subq (subcutaneous), Delirium symptom management due to disease progression and Lorazapam

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L 546	Continued From page 3 Injection (unspecified parenteral rt) Solution 5MG/ML 0.5-1 mg every 3 hrs PRN IV/Subq (subcutaneous), Anxiety, dyspnea, symptom management due to disease progression." The orders and plan of care for Patient #14 failed to specify the criteria/conditions/signs and symptoms exhibited by the patient under which the skilled nurse would administer medication at the lower end of the dosage scale as opposed to the higher end of the dosage scale as per the facility policy. Patient #17 Patient #17 was a 93 year old admitted to the IPU on 5/7/11, with diagnoses to include chronic obstructive lung disease, debility, intestinal infection, metabolic acidosis and hypertension. The patient's Physician Orders and Medication Status dated 5/7/11, documented, "Haloperidol Lactate Injection (unspecified parenteral rt) Solution 5 MG/ML 0.5-2 mg every 3 hrs PRN IV/Subq (subcutaneous) PRN delirium and Hydromorphone HCL Injection (unspecified parenteral rt) Solution 2 MG/ML 0.2-2 mg every hour PRN IV and Subq (subcutaneous) PRN pain/dyspnea. The orders and Medication Status for Patient #17, failed to specify the signs and symptoms exhibited by the patient under which the skilled nurse would administer medications at the lower end of the dosage scale as opposed to the higher end of the dosage scale as per the facility policy. Patient #20	L 546		

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L 546	Continued From page 4 Patient # 20 was a 101 year old admitted to the IPU on 3/21/11, with diagnoses to include end stage debility, hypertension and paratrachial mass. The patient expired on 4/14/11. The Physician Admission Orders dated 3/21/11, documented, " Lorazepam 0.5 mg; route: IV/Subq (subcutaneous) q (every) 8 hr ATC (around the clock) and 2 hr prn for anxiety, dyspnea and symptom management and Hydromorphone 0.5 mgIV/Subcut (subcutaneous) q 4 hr ATC and 1 hour PRN. The Physician Admission Orders for Patient #20 failed to specify the signs and symptoms exhibited by the patient under which the skilled nurse would administer medications at the lower end of the dosage scale as opposed to the higher end of the dosage per the facility policy. On 5/13/11 in the afternoon, the Vice President of Clinical Operations indicated the facility policy was to be followed regarding the prescribed ranges for medications.	L 546		
L 549	418.56(c)(4) CONTENT OF PLAN OF CARE [The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (4) Drugs and treatment necessary to meet the needs of the patient. This STANDARD is not met as evidenced by: Based on record review the facility failed to ensure the nurse flushed the PICC ((Peripheral	L 549		

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L 549	Continued From page 5 Inserted Central Catheter) according to the plan of care in one (1) of twenty (20) records reviewed. (Patient #2) Findings: Patient #2 On 5/4/11 the patient was admitted to the inpatient hospice with diagnoses of debility, peripheral vascular disease, gangrene. chronic obstructive disease with dementia, depression. Review of the care plan as of 5/10/11 and the hospice medication administration record revealed: PICC (Peripheral Inserted Central Catheter) flush with 1 ml (milliter) Heparinized Saline every day (use 10 ml syringe). There was no documented evidence to verify the PICC flush was given on 5/5/11 and 5/8/11.	L 549		
L 781	418.112(e)(3) COORDINATION OF SERVICES The hospice must:] (3) Provide the SNF/NF or ICF/MR with the following information: (i) The most recent hospice plan of care specific to each patient; (ii) Hospice election form and any advance directives specific to each patient; (iii) Physician certification and recertification of the terminal illness specific to each patient; (iv) Names and contact information for hospice personnel involved in hospice care of each patient; (v) Instructions on how to access the hospice's 24-hour on-call system; (vi) Hospice medication information specific to each patient; and (vii) Hospice physician and attending physician (if	L 781		

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L 781	Continued From page 6 any) orders specific to each patient. This STANDARD is not met as evidenced by: Based on interview with nurse and record review, it was determined the hospice failed to provide the SNF (skilled nursing facility) with the following Hospice medication information specific to the patient in two (2) of twenty (20) records reviewed. (Patient #10, #7) Findings: Patient #10 On 12/9/2008, resident #10 was admitted to the hospice with diagnoses debility, Alzheimer's disease, hypertension, and chronic kidney disease stage III. On 5/11/11, a visit to the skilled facility was conducted. A review of the hospice Active orders as of 5/11/11 and the Patient's medication administration record (MAR) at the skilled nursing facility were conducted with the hospice nurse. The following discrepancies were identified. Review of the resident #10 hospice active physician orders as of 5/11/2011 listed the following medications Ditropan by mouth/orally tablet 5 mg (milligrams) one tablet 3 times a day oral. Ditropan administered by the nurse at the skilled nursing facility was 2.5 mg Po (by mouth) t.i.d. (three times day daily). Imdur by mouth/ orally tablet extended release 24 hour 60 mg 1 tablet daily oral. Imdur	L 781		

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L 781	Continued From page 7	L 781		

administered by the nurse at the skilled nursing facility was 60 mg. one Po daily.

Catopril by mouth/orally tablet 25 mg. one tablet three (3) times daily oral. The nurse at the skilled nursing facility was to administer Catopril 25 mg. 1 Po TID (three times a day.) Review of the medication administration record (MAR) indicated the resident was administered Catopril 25 mg. one time a day, not three times as ordered.

Omeprazole by mouth/orally capsule delayed release 20 mg. 1 tablet 2 times daily oral for GERD (gastroesophageal reflux disease). Review of the medication administration record (MAR) at the skilled nursing facility indicated Pepcid 20 mg. 1 Po BID (2 times daily) was administered.

Albuterol Sulfate Inhaler/Inhalation Nebulization Solution (2.5 mg./3 ml) 0.83% 1 unit dose every 8 hours Inhalation. Review of the medication administration record (MAR) indicated Albuterol UD via SVN (small volume nebulizer) every 8 hours wheeze/ SOB (shortness of breath). The medication administration record (MAR) did not identify the dose to be administered to the resident.

Albuterol Sulfate Inhaler/Inhalation Nebulization Solution (2.5 mg./3 ml) 0.83% 1 unit dose every 4 hours Inhalation. Review of the medication administration record (MAR) indicated Albuterol UD via SVN (small volume nebulizer) every 4 hours prn (as needed) SOB (shortness of breath). The medication administration record (MAR) did not identify the dose to be administered to the resident.

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L 781	Continued From page 8 Imodium Advanced by mouth/orally tablet chewable 2-125mg 2 tablets prn oral- give 2 tabs x 1 then 1 tab Po with each loose stool. The medication administration record (MAR) identified Imodium 2 tabs po x1 then 1 tab Po with each loose stool was to be administered. MOM (milk of magnesia) by mouth/orally suspension 10 ml (milliters) every 4 hours oral prn for diarrhea. The medication administration record (MAR) identified MOM 10 ml. Po q 4-6 hours prn HOLD for diarrhea. Scopolamine Base Transdermal Patch 72 hours 1.5 mg. patch mg every 72 hours Transderm. This medication was not listed on the medication administration record (MAR) in the skilled nursing facility. Claritin by mouth/orally tablet 10 mg. 1 tablet as directed oral for allergies. This medication was not listed on the medication administration record (MAR) in the skilled nursing facility. Patient #7 Patient #7 resided in an assisted living facility. The patient was admitted to hospice on 6/26/2008 with the following diagnoses debility; leukcytosis; post inflammatory pulmonary fibrosis; congestive heart failure. During a visit to the assisted living facility a review of the hospice Medication status form and the patient's medication administration record (MAR) at the assisted living facility were reviewed with the hospice nurse. The following discrepancies were identified.	L 781		

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L 781	Continued From page 9 Lasix by mouth/orally tablet 40 mg. 2 times daily oral and on the same hospice medication status form Lasix by mouth/ orally tablets 20 mg. 3 tablets daily oral. A review of the medication administration record (MAR) in the assisted living facility revealed Furosemide 20 mg. tablet (Lasix) 3 tabs (= 60 mg) by mouth every day- reduce excess fluid. There was no indication the physician's order for Lasix was clarified by the hospice nurse.	L 781		